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& LIONE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: G. Victor Guyan et al.Appln. No.: 09/667,637Filed: September 22, 2000For: LINE ITEM DATA PROCESSINGExaminer: Franel, VanelArt Unit: 3626Attorney Docket No: 10022/217Mail Stop Appeal Brief-Patents  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

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Respectfully submitted,

  
John C. Freeman, Esq. (Reg. No. 34,483)

January 4, 2007

Date

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Date of Deposit: January 4, 2007

Our Case No. 10022/217

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	)	
	)	
G. Victor Guyan et al.	)	
	)	Examiner: Franel, Vanel
Serial No. 09/667,637	)	
	)	Group Art Unit No. 3626
Filing Date: September 22, 2000	)	
	)	
For LINE ITEM DATA PROCESSING	)	
	)	
	)	

**APPEAL BRIEF**

Mail Stop Appeal Brief-Patents  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This Appeal is properly made and in response to the Office Action mailed  
on October 6, 2006<sup>1</sup>.

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<sup>1</sup> The claims have been twice rejected and so an Appeal is available at this time per 35 U.S.C. § 134(a). In addition, Appellants previously filed a Notice of Appeal on July 31, 2006. Since a Notice of Appeal has been previously filed and the present Appeal Brief is being filed within three months of the mailing of the Office Action, the present Appeal Brief is timely filed.

**I. REAL PARTY IN INTEREST**

It is believed that Accenture L.L.P. is the real party of interest pursuant to recorded assignments 1) from both inventors to Andersen Consulting; and 2) from Andersen Consulting to Accenture L.L.P.

**II. RELATED APPEALS AND INTERFERENCES**

The undersigned, John C. Freeman, is not aware of any other appeals, interferences or other judicial proceedings that may be related to, would directly affect or be directly affected by or have a bearing on the Board's decision in the pending Appeal.

**III. STATUS OF CLAIMS**

Claims 2-11, 13-22 and 24-33, all claims presented, are rejected. Claims 1, 12 and 23 are canceled. No claims are allowed, withdrawn or objected to.

**IV. STATUS OF AMENDMENTS**

An Amendment was filed on June 14, 2004 regarding a Final Office Action mailed on January 2004. A Request for Continued Examination was

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filed concurrently with the June 14th Amendment and so the June 14, 2004 Amendment has been entered.

**V. SUMMARY OF CLAIMED SUBJECT MATTER**

An understanding of the invention of independent claims 4, 15 and 26 can be made upon a review of the embodiments of the invention shown in FIGS. 1-11 of the specification. Note that in the description to follow, like elements will employ identical identification numerals.

FIG. 1 shows a computer network 100 that includes personal or workstation computers (such as computers 110 and 120) and system or enterprise computers (such as server 130, system 150, and system 140) (Page 6, lines 2-5).

Note that as used in the following description, the terms "client" and "server" are used to refer to a computer's general role as a requester of data (client) or provider of data (server).

An insurance host server 130 maintains a database of claim folder information (Page 7, lines 5-6). Claimant client 110 accesses insurance host server 130 to update, enter, or review claim folder information (Page 7, lines 6-

7). Claim handler client 120 accesses insurance host server 130 in order to review, evaluate, and/or fulfill claim folder data (Page 7, lines 8-9). Vendor system 150 interconnects to insurance host server 130 through network 100 in order to: receive order placement from insurance host server 130; update database information to insurance host server 130; respond to database access requests from insurance host server 130; and update or respond to status information from insurance host server 130 (Page 7, lines 9-14).

Fig. 2 shows a computer network containing an insurance host server 130 and a claimant client 110 (Page 8, lines 1-2). In this example, a claimant client 110 is interconnected through network 100 to the insurance host server 130 (Page 8, lines 2-3).

Insurance host server 130 includes conventional components, such as processor 235, memory 245, I/O controller 250, and network interface 260 (Page 8, lines 17-18). The processor 235, memory 245, I/O controller 250, and the network interface 260 are interconnected through a bus 240 (Page 8, lines 18-20).

In order to facilitate the understanding of processing insurance claims at the line item level, the claims folder hierarchy within which the line level resides is first discussed (Page 9, lines 14-16). Fig. 3 illustrates the hierarchy of the

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various levels within a claims folder (Page 9, lines 16-17).

Claims folder 300 contains all of the policy information, information about the insured, and information about claims for a given client (Page 10, lines 3-4). Within a claims folder 300 are one or more policy levels 310 and 320 (Page 10, lines 4-5).

Below policy level 320 is insured level 330 (Page 10, line 15). Insured level 330 contains all information relevant about the insured (Page 10, lines 15-16).

Below the insured level 330 is the claim level 340 (Page 11, line 3). The claim level 340 has general information about the claim raised against the policy (Page 11, lines 3-4).

The claimant level 350 is below and within the claim level 340 and has full details about the claimant (Page 11, lines 9-10). Below and within the claimant level 350 is the line level 360 which details the various types of claimed damages levied by a particular claimant (Page 11, lines 18-19). The line item level 370 includes detailed line items, or line item data, for each claim against a particular line in the line level 360 (Page 12, lines 2-4). The line item data is stored within a line item database (Page 12, line 6).

Fig. 4 illustrates three processes that run inside line item level 370 (Page 12, line 13). The capture line item data process 410 receives line item data entered by claimant client 110 or claim handler client 120 into the line item database stored in insurance host server 130 (Page 12, lines 14-16). The evaluation of line item data process 420 presents line item data to a claim handler at claim handler client 120 and authorizes the payment and processing of line item data (Page 12, lines 16-18). In addition, the evaluation of line item data process 420 interfaces between insurance host server 130 and insurance back office system 140 for determining what is covered and the mode of indemnification (payment or vendor replacement) (Page 12, lines 18-21). Fulfillment of line item data process 430 interfaces between insurance host server 130 and vendor system 150 for vendor processing and for placing order with vendors, updating database information from the vendor, accessing vendor database information and performing status inquiries on placed vendor orders (Page 12, line 21 – Page 13, line 2).

Fig. 5 is a block diagram of the data interchange between insurance host server 130, claimant interface 500, vendor system 150, insurance back office system 140 and claim handler interface 505 (Page 13, lines 4-6). Fig. 5 illustrates the flow of information between the various clients and servers (Page

13, lines 7-8).

Line item data is accessed by claim handler interface 505 from insurance host server 130, and evaluation information is exchanged between claim handler interface 505 and insurance host server 130 (Page 14, lines 14-16).

Fig. 6 illustrates a flowchart of the capture line item data process 410 (Page 15, line 17). The capture line item data process 410 is generally initiated by a claimant operating on claimant client 110 (Page 15, lines 18-19). The process starts when a claimant elects (step 600) to be taken to an existing claim (Page 16, lines 3-4).

Fig. 7 is a flowchart illustrating the evaluation of line item data process 420 (Page 20, lines 15-16). Once line item level data has been captured, the claim handler must begin the evaluation process (Page 20, lines 16-17). Initially, a claim handler operating claim handler client 120 logs onto the insurance host server 130 (step 700) (Page 20, lines 19-21). Once logged on, the claim handler tunnels down through the claims folder until he reaches the line item level for the particular policy/claim/claim level/line level of interest (Page 20, lines 21-23). Upon reaching the line item level, the line item database for that level is displayed (step 705) (Page 20, line 23 – Page 21, line 1).



If no item is double clicked, flow proceeds to where, if an item is selected (step 720), the claim handler is able to choose a payment type (step 740) (Page 21, lines 9-10). If no item is selected, the user has the option of issuing a direct payment (step 725) (Page 21, lines 10-11). If the user wishes to make a direct payment, the claim handler enters an amount for direct payment (step 730) (Page 21, lines 11-13). Once the amount is entered, payment processing commences (step 735) (Page 21, lines 17-18). Insurance host server 130 communicates with insurance back office system 140 and directs insurance back office system 140 to issue payment to the claimant (step 730) (Page 21, lines 18-20).

If an item is selected, the claim handler may choose one of three options (step 740): first, he may execute a vendor transfer (step 745); second, he may execute a line item payment (step 750); and, third, he may execute a preauthorized payment (step 755) (Page 22, lines 3-7).

The claim handler may select a particular vendor based on the list of authorized vendors previously displayed per step 820 of Fig. 8 (Page 22, lines 19-20). The claim handler authorizes the vendor transfer (step 835) (Page 22, lines 4-5). When this authorization takes place, the insurance host server is approved to place the order with the vendor system 150 as further described in

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the fulfillment of line item data process 430 (Page 23, lines 5-7).

Fig. 9 is a flowchart of the line item payment process 750 (Page 23, line 9). Once the claim handler approves the settlement (step 945), the insurance host server 130 establishes a payment through the insurance back office system 140, as will be discussed in the fulfillment of line item data process 430 (Page 24, lines 13-16).

Fig. 10 illustrates the execute preauthorized payment process 755 (Page 24, line 18). The preauthorization screen displays the claimant level information, a list of authorized vendors, a list of any excluded vendors, and other appropriate information (Page 24, lines 21-23). Next, the claim handler selects which authorized vendors are going to be preauthorized for the line's inventoried damages (step 1010) (Page 24, line 23 – Page 25, line 3). When the fulfillment of line item data process 430 occurs, the line items preauthorized are placed in a purchase order sent from the insurance host server 130 to vendor system 150 informing the vendors of the preauthorization (Page 25, lines 20-23).

Fig. 11 illustrates the processes within the fulfillment of line item data process 430 (Page 26, lines 2-3). The processes follow in three major groups: vendor database processes 1100; order placement processes 1105; and order tracking process 1110 (Page 26, lines 3-5). Vendor database processes 1100

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include three processes: maintaining the preferred vendor database 1115; adding new vendors 1120; and upgrading vendors to preferred vendor status 1125 (Page 26, lines 5-7). All vendor information is maintained in a vendor database residing in the mass storage of insurance host server 130 (Page 26, lines 7-9).

Generally in the maintain vendor database process 1115, the claim handler or other person accesses the insurance host server 130 to update and maintain preferred vendor database information (Page 27, lines 10-12).

Process 1105 is dedicated to the placement of orders with vendors (Page 29, line 1). Orders may be placed by fax or e-mail to the vendor, as shown in procedure 1130 (Page 29, lines 2-3).

Process 1135 shows that an order to a vendor may be placed on a web server at insurance host server 130 so that the vendor could logon from vendor system 150 in order to view a list of that day's currently placed orders (Page 29, lines 12-14).

Process 1110 order tracking is dedicated to updating the insurance host server from the vendor system on the status of all placed orders (Page 30, lines 4-5).

With the above summary in mind, claim 4 claims the invention as a method for capture, evaluation and fulfillment of line item level data that is performed by a data processing system. The recited method includes capturing at least one line item data in an insurance host server. An example of such an insurance host server is server 130 of FIGS. 1 and 5 which can perform the capturing of line item data via a capture line item data process 410 such as shown in FIGS. 4 and 6 (Page 12, lines 13-16, Page 15, lines 17-19). The recited method also includes evaluating the line item data during processing of an insurance claim. An example of such evaluating line item data is the evaluation of line item data process of FIGS. 4 and 7 (Page 12, lines 16-18, Page 20, lines 15-19). The recited method includes enabling the selection of a payment type. An example of such enabling is the selection of a payment type per step 740 of FIG. 7 (Page 21, lines 9-10). The recited method includes fulfilling payment based on evaluation of the line item data by maintaining a vendor database on the insurance host server, placing at least one order for at least one line item from the insurance host server to a vendor and tracking the order on the insurance host server. An example of such maintaining a vendor database is the maintaining preferred vendor

database process 1115 of FIG. 11 (Page 26, lines 6-9). An example of such placing at least one order is the placing the order on a web server for vendor access process 1135 of FIG. 11 (Page 26, lines 10-11). An example of such tracking an order is the order tracking process 1110 of FIG. 11 (Page 30, lines 4-5).

Claim 15 claims the invention as a system for capturing line item data that includes a processor for executing programs, a memory for storing a program executable by the processor and a user interface for enabling selection of a payment type. Examples of such a processor, memory and user interface can be found in insurance host server 130 and claim handler interface 505 of FIGS. 1, 2 and 5 (Page 20, line 15 – Page 21, line 10). Claim 15 recites various instructions for the memory to perform. Such processes are similar to those recited in claim 4 and so the examples of processes mentioned previously with respect to claim 4 apply equally with respect to the instructions performed by the memory of claim 15.

Claim 26 claims the invention as a computer readable medium containing instructions for controlling a computer system to perform a method for capturing, evaluating and fulfilling line item data. An example of such a computer readable

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medium can be found in insurance host server 130 of FIGS. 1 and 5. Claim 26 recites various processes for the computer readable medium to control the computer system to perform. Such processes are similar to those recited in claim 4 and so the examples of processes mentioned previously with respect to claim 1 apply equally with respect to the instructions performed by the memory of claim 26.

There are no means-plus-function terms or step-plus-function terms in independent claims 4, 15 and 26 and dependent claims 2, 7, 13, 18, 24 and 29, which are argued separately below in Section VII.

#### **VI. GROUND OF REJECTION TO BE REVIEWED ON APPEAL**

There is one ground of rejection presented for review:

1) the rejection of claims 2-11, 13-22 and 24-33 for being obvious under 35 U.S.C. § 103(a) in view of Peterson et al., U.S. Patent No. 6,343,271, and Murcko, Jr., U.S. Patent No. 6,578,014.

**VII. ARGUMENT**

**A. Claims 3-6, 8-12, 14-17, 19-23, 25-28 and 30-33**

Claims 3-6, 8-12, 14-17, 19-23, 25-28 and 30-33 were rejected in the Office Action of October 6, 2006 (hereinafter "the Office Action") under 35 U.S.C. §103 as being obvious in view of Peterson et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, Murcko, Jr. is directed to nonanalogous art. The test for determining whether art is directed to analogous art is a two prong test:

The determination that a reference is from nonanalogous art is therefore two-fold. First, we decide if the reference is within the field of the inventor's endeavor. If it is not, we proceed to determine whether the reference is reasonably pertinent to the particular problem with which the inventor was involved. In re Deminski, 796 F.2d 436, 230 U.S.P.Q. 313 (Fed. Cir. 1986) citing In re Wood, 559 F.2d 1032, 1036, 202 U.S.P.Q. 171, 174 (C.C.P.A. 1979).

Regarding the first prong of the test, Appellants' inventions of claims 4, 15 and 26 regard the field of endeavor of processing line item data used for processing of an insurance claim. This is confirmed by Appellants' Specification which states that the invention regards insurance claims processing (P. 1, ll. 11-13). In

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contrast, Murcko, Jr. is directed to systems for facilitating transactions in which a buyer determines the price to be paid "after receiving information, goods, and/or services from a seller" (Col. 3, ll. 42-46). Accordingly, Murcko, Jr. is not in Appellants' field of endeavor.

Failing the first prong of the test, the second prong of the test is to be applied. In our case, Appellants' inventions of claims 4, 15 and 26 are directed to the insurance industry's problem of poorly "maintaining relationships with vendors who could fulfill certain line item losses" (P. 3, ll. 1-2). Murcko, Jr. is directed to the problem of uncertainty of a transaction between a buyer and a seller until the receipt of goods by the buyer from the seller (Col. 1, l. 45 – Col. 2, l. 19). Murcko, Jr. is not interested in maintaining relationships with vendors who could fulfill line item losses in an insurance claim. Since Murcko, Jr. is not reasonably pertinent to Appellants' problem, the second prong is not met and so Murcko, Jr. is not directed to analogous art. Accordingly, the rejection is improper and should be withdrawn.

Assuming for argument's sake only that Murcko, Jr. is directed to analogous art, the rejection is still improper. In particular, independent claims 4, 15 and 26 each recites "placing at least one order for at least one line item from the insurance server to a vendor." The Office Action asserts that the following



passage in Peterson et al. discloses the recited "placing."

Once an insurance claim has been adjudicated and approved, whether automatically or manually, a payment system 24 initiates a transfer of funds to the health care provider in response to the adjudicated insurance claim. In certain embodiments of the invention, the health care provider may access information regarding the adjudication status or the payment status of a submitted claim using payment tracking system 26. The function and structure of benefits system 20, automated adjudication system 22, payment system 24, and payment tracking system 26, and the manner in which these systems interact may be further understood by referring to FIGS. 2-9.

The communications infrastructure whereby health care providers, patients, and others may access benefits information from the claims processing systems is illustrated in FIG. 2. Benefits system 20, which may include a central processor or a network server, is linked to patient and patient health benefits information contained in a benefits database 28. The information included in benefits database 28 may represent, for each participating patient, the contractual and insurance obligations between the patient, the insurers, and the participating health care providers. Such information may include, for example, the treatment covered by the patient's selected insurance plan, co-payments or other portions of medical expenses to be paid by the patient, running totals of periodic health care expenses actually paid by the patient, and the like. The periodic running totals of health care expenses paid by the patient may be provided, for example, because many insurance plans specify payment caps or the maximum amount that is to be paid by the

patient as their portion of health care expenses during a calendar year or another period of time.

Furthermore, any other patient or patient health care benefit information, such as medical history, persons to be contacted in case of emergency, and the like, may be contained in benefits database 28 as desired or needed. Accordingly, the combination of benefits system 20 and benefits database 28 represents one example of means for storing health benefit information. (Col. 7, ll. 5-42).

A review of the above passage reveals that Peterson et al. does not disclose placing an order for a line item of an insurance claim from an insurance server to a vendor. Murcko, Jr. also fails to disclose the recited "placing." Since there is no suggestion in Murcko, Jr. to alter Peterson et al. to place an order for a line item from an insurance server to a vendor, the rejection is improper.

For the above reasons, the rejections of claims 4, 15 and 26 are improper and should be withdrawn. Claims 3, 5, 6, 8-12, 14, 16, 17, 19-23, 25, 27, 28 and 30-33 depend directly or indirectly on claims 4, 15 and 26, respectively, and so their rejections should be withdrawn for the same reasons stated above with respect to claims 4, 15 and 26.

**B. Claims 2, 13 and 24**

Claims 2, 13 and 24 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Peterson et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claims 2, 13 and 24 depend directly on claims 4, 15 and 26, respectively, and so are patentable over Peterson et al. and Murcko, Jr. for at least the same reasons given above in Section VII.A on pages 14-17 above as to why claims 4, 15 and 26 are patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Peterson et al. or Murcko, Jr. to alter Peterson et al. to provide "a client with an item tree of line item level data based on the line level and aggregating line item level data collected from the claimant" as recited in claims 2, 13 and 24. The Office Action asserts that the passage at column 11, lines 34-52 of Peterson et al. discloses the recited providing of an item tree and aggregating line item level data. However, the passage is silent as to providing an item tree and aggregating line item level data. Since Murcko, Jr. is also silent as to altering Peterson et al. to provide an item tree and aggregate line item level data in the manner recited in the claims, the rejection is improper.

**C. Claims 7, 18 and 29**

Claims 7, 18 and 29 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Peterson et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claims 7, 18 and 29 depend directly on claims 4, 15 and 26, respectively, and so are patentable over Peterson et al. and Murcko, Jr. for at least the same reasons given above in Sections VII.A. on pages 14-17 above as to why claims 4, 15 and 26 are patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Peterson et al. or Murcko, Jr. to upgrade a vendor to a preferred vendor in the vendor database as recited in claims 7, 18 and 29. The Office Action has conceded that Peterson et al. does not disclose such upgrading. In order to overcome the deficiencies of Peterson et al., the Office Action asserts that a passage at column 13, lines 21-42 of Murcko, Jr. suggests altering Peterson et al. to upgrade a vendor as recited in the claims. The passage is silent as to upgrading a vendor.

Since Murcko, Jr. does not suggest altering Peterson et al. to upgrade a vendor to a preferred vendor in a vendor database, the rejection is improper and

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should be withdrawn.

For the reasons give above, Appellants respectfully submit that the rejections should be withdrawn and the claims should be allowed.

Respectfully submitted,



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Dated: January 4, 2007

**VIII. CLAIMS APPENDIX**

2. The method of claim 4 wherein the step of capturing comprises the steps of:

receiving claim identification information from a claimant, said claim identification information comprising, at least, one line level;

providing a client with an item tree of line item level data based on the line level and aggregating line item level data collected from the claimant;  
and

storing the line item level data in the insurance host server.

3. The method of claim 4 wherein the step of evaluating the line item data comprises the steps of:

displaying at least one line item from the insurance host server;

receiving a selection of at least one line item from a claim handler;

and

receiving authorization from the claim handler to execute payment of the selected line item, wherein said authorization is for a payment in a form comprising a direct payment, vendor transfer, line item payment, or preauthorized payment.

4. A method for capture, evaluation and fulfillment of line item level data, the method comprising steps performed by a data processing system, of:  
capturing at least one line item data in an insurance host server;  
evaluating the line item data during the processing of an insurance claim;

enabling the selection of a payment type; and

fulfilling the payment of a line item based on the evaluation of the line item data, wherein the step of fulfilling comprises the steps of:

maintaining a vendor database on the insurance host server;

placing at least one order for at least one line item from the insurance host server to a vendor; and

tracking the order on the insurance host server.

5. The method of claim 4 wherein the step of maintaining a vendor database further comprises the step of entering vendor information in the vendor database.

6. The method of claim 4 wherein the step of maintaining a vendor database further comprises the step of editing vendor information in the vendor database.

7. The method of claim 4 wherein the step of maintaining a vendor database further comprises the step of upgrading a vendor to a preferred vendor in the vendor database.

8. The method of claim 4 wherein the step of placing at least one order further comprises the step of faxing an order to a vendor.

9. The method of claim 4 wherein the step of placing at least one order further comprises the step of emailing an order to a vendor.

10. The method of claim 4 wherein the step of placing at least one order further comprises the step of placing an order on a web server for vendor access.

11. The method of claim 4 wherein the step of placing at least one order further comprises the step of placing an order with a vendor by electronic data interchange.



13. The system of claim 15 wherein capturing includes receiving claim identification information from a claimant, said claim identification information comprising, at least, one line level; providing a client with an item tree of line item level data based on the line level and aggregating line item level data collected from the claimant; and storing the line item level data in the insurance host server.

14. The system of claim 15 wherein evaluating the line item data includes displaying at least one line item from the insurance host server; receiving a selection of at least one line item from a claim handler; and receiving authorization from the claim handler to execute payment of the selected line item, wherein said authorization is for a payment in a form comprising a direct payment, vendor transfer, line item payment, or preauthorized payment.

15. A system for capturing line item data, comprising:  
a processor for executing programs;  
a memory for storing a program executable by the processor, the stored program including instructions for (i) capturing at least one line item data in an insurance host server, (ii) evaluating the line item data during the

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processing of an insurance claim; and (iii) fulfilling the payment of a line item based on the evaluation of the line item data; and

a user interface for enabling the selection of a payment type associated with said at least one line item;

wherein fulfilling includes (1) maintaining a vendor database on the insurance host server; (2) placing at least one order for at least one line item from the insurance host server to a vendor; and (3) tracking the order on the insurance host server.

16. The system of claim 15 wherein maintaining a vendor database includes entering vendor information in the vendor database.

17. The system of claim 15 wherein maintaining a vendor database further includes editing vendor information in the vendor database.

18. The system of claim 15 wherein maintaining a vendor database includes upgrading a vendor to a preferred vendor in the vendor database.

19. The system of claim 15 wherein placing at least one order includes faxing an order to a vendor.

20. The system of claim 15 wherein placing at least one order further includes emailing an order to a vendor.

21. The system of claim 15 wherein placing at least one order further includes placing an order on a web server for vendor access.

22. The system of claim 15 wherein placing at least one order includes placing an order with a vendor by electronic data interchange.

24. The medium of claim 26 wherein the step of capturing comprises the steps of:

receiving claim identification information from a claimant, said identification information comprising, at least, one line level;

providing a client with an item tree of line item level data based on the line level and aggregating line item level data collected from the claimant;  
and

storing the line item level data in the insurance host server.

25. The medium of claim 26 wherein the step of evaluating the line item data comprises the steps of:

displaying at least one line item from the insurance host server;

receiving a selection of at least one line item from a claim handler;  
and

receiving authorization from the claim handler to execute payment  
of the selected line item, wherein said authorization is for a payment in a form  
comprising a direct payment, vendor transfer, line item payment, or  
preauthorized payment.

26. A computer readable medium containing instructions for controlling  
a computer system to perform a method for capturing, evaluating, and fulfilling  
line item data, the method comprising:

capturing at least one line item data in an insurance host server;  
evaluating the line item data during the processing of an insurance  
claim;

enabling the selection of a payment type; and

fulfilling the payment of a line item based on the evaluation of the  
line item data, wherein the step of fulfilling comprises the steps of:

maintaining a vendor database on the insurance host server;  
placing at least one order for at least one line item from the  
insurance host server to a vendor; and

tracking the order on the insurance host server.

27. The medium of claim 26 wherein the step of maintaining a vendor database further comprises the step of entering vendor information in the vendor database.

28. The medium of claim 26 wherein the step of maintaining a vendor database further comprises the step of editing vendor information in the vendor database.

29. The medium of claim 26 wherein the step of maintaining a vendor database further comprises the step of upgrading a vendor to a preferred vendor in the vendor database.

30. The medium of claim 26 wherein the step of placing at least one order further comprises the step of faxing an order to a vendor.

31. The medium of claim 26 wherein the step of placing at least one order further comprises the step of emailing an order to a vendor.

32. The medium of claim 26 wherein the step of placing at least one order further comprises the step of placing an order on a web server for vendor access.

33. The medium of claim 26 wherein the step of placing at least one order further comprises the step of placing an order with a vendor by electronic data interchange.

**IX. EVIDENCE APPENDIX**

None.

Appl. 09/667,637 / Appeal Brief dated January 4, 2007

X. **RELATED PROCEEDINGS APPENDIX**

None.